U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 10 914		2. Fiscal Year Covered From:					
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3. Name and address of persor. filing.		4. Name, file number, and address of labor organization.					
Name Joseph Newton		Name	Central/North	Florida Ca	ırp & Millw	rights TTF	
		Labor Organization File Number 0303/5					
P.O. Box, Bldg., Room No., if any		P.O. Box, Building and Room Number, if any					
Street 4000 Union Hall Place		Street 4000 Union Hall Place					
City Jacksonville			City	Jacksonville			
State Florida	ZIP Code + 4	32205	State	Florida		ZIP Code + 4	32205
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Name of Person Filing Joseph Newton	File Number U-	
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State ZIP Code + 4		TO THE PARTY OF TH
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City .	12.a. Nature of interest held or income received.	
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	12.b. Amount.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above)	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	
(including trade name, if any).	Reimbursement for out of pocket while performing training trust	expenses incurred
Name Central/North Florida Carp & Millwrights TTF	Date of payment: 08/30/2004	did activities.
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 4000 Union Hall Place		PROPERTY OF THE PROPERTY OF TH
City Jacksonville		A. C.
State Florida ZIP Code + 4 32205		
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.	\$50

Name of Person Filing Joseph Newton	File Number &	J.
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization.	vise dealing with the business ely seeking to represent, or rectly to or otherwise	
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C. Received from any employer (other than an employer covered unde or from any labor relations cor sultant to an employer any payment of money	r parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Rel tions Consultant (including trade name, if an/).	14.a. Nature of payment.	
Name Central/North Florida Carp & Millwrights TTF	Reimbursement for out of powhile performing training to Date of payment:	
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P.O. Box, Bidg., Room No., if any		
Street 4000 Union Hall Place		And Proposition
City Jacksonville		According to the second
State Florida ZIP code + 4 32205		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$100

Name of Person Filing Joseph Newton		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
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C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.			
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Street 4000 Union Hall Place			napytem valent	
City Jacksonville			in the second se	
State Florida ZIP Code + 4 32205				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	gran	\$160	

Name of Person Filing Joseph Newton		File Number U-	
B. Held an interest in or derived income or econor ic benefit with monetary val substantial part of which consists of buying from, celling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or setting or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise	3	
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C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
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Street 4000 Union Hall Place			
City Jacksonville	Contraction of the Contraction o		
State Florida ZIP Code + 4 32205			
13.b. Is the Business an Employer 🔀 or Consultant 📗 ?	14.b. Amount of payment.		\$100

Name of Person Filing Joseph Newton	File Number U-	
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P.O. Box, Bldg., Room No., if any		
Street 4000 Union Hall Place		nem comments
City		
State Florida ZIP Code + 4 32205		
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.	\$70

Name of Person Filing Joseph Newton	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business ely seeking to represent, or irectly to, or otherwise	
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Street 4000 Union Hall Place		
City Jacksonville		Manager of Control
State Florida ZIP Code + 4, 32205	The ACC SAMP AND COLOR SIGN REGISTER AND ADDRESS AND A	ingentation and the State of the Control of the Con
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$100

Name of Person Filing Joseph Newton		File Number U-	
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City Jacksonville	Annual of the An		
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13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.		\$70